

Chapter 5—Addiction Severity Index Revised User's Guide: North Dakota State Adaptation for Use With Native Americans

ADDICTION SEVERITY INDEX

Revised User's Guide

North Dakota State Adaptation for Use With Native Americans

Designed With Consideration for
Native American Cultural and
Ceremonial Practices

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How to use this manual . . .

This User's Guide provides in-depth instructions for asking each question on the ASI. We consider the ASI a guide to a conversation. It is quite simply a set of questions you may find useful in gathering information about your patients. We hope that you use this information to create an individual treatment plan for each patient. This manual provides you with the following references for each item on the ASI 5th edition:

Intent/Key Points This information section describes why the particular questions in this section were included on the ASI. Sometimes, the reasons are easy to understand. Regardless, understanding the original intent can help you to use the appropriate judgment about how to code a response. The original intent of the questions forms the basis for the conventions that we have adopted and recorded in the Coding Issues section.

Suggested Interviewing Technique We recognize that many patients entering treatment may find it tiresome to answer numerous questions. In this section, we offer what we feel are the most efficient ways to phrase each question. It has been our experience that patients are more open to answering questions if they are posed in a direct, nonconfrontational manner. In many cases, we recommend that the interviewer simply read the question as written. In other cases, we offer examples of effective ways to paraphrase the question. We hope that the information in this section helps you to help the patient give you the necessary information.

Additional Probes A *probe* is a question that does not appear on the ASI. The probe may provide information that helps you to understand the patient's answers more fully. The ASI has been recognized by its creators as the *minimum number of questions* one would need to begin a treatment plan. Within this section, we offer some additional probes that you may want to ask following each question. Sometimes, asking many probes in the first part of the problem section helps the interview to flow more naturally.

Coding Issues Coding is the term used to describe the act of recording the information you receive from the patient into the boxes provided for you, using a numerical "code." Although we have been doing ASI interviews for more than 20 years, nearly every day we encounter a new situation that is difficult to code, given the choices listed on the ASI. For each question or set of questions, we offer some solutions for coding issues that have arisen at our facility. This should *not* be considered a complete list of all the potential coding issues that could arise in other populations. Additionally, it should be noted that more questions will arise with this newer, adapted version of the ASI for use with Native Americans in North Dakota.

Cross-checks Similar bits of information are gathered in several sections of the ASI. An alert interviewer can use these internal cross-checks to verify information with the patient throughout the interview. For some items on the ASI, we provide a list of a few other items that are related to it within the interview.

Additional Notes A note on the sequencing of questions—You will notice that the ASI questions are not in numerical order within the sections. For example, in the drug and alcohol section, the questions numbered D36 and D40 will follow questions numbered D21 and D22. This is common throughout the instrument and is due to the number of modifications made on the ASI instrument and the desire to maintain the numbering on original ASI questions regardless of the version being used.

When new questions are inserted into the ASI 5th Edition, the numbering for these questions will start with the last utilized number in that section even though the question may be placed anywhere within the document. With this procedure, original ASI questions will always retain the same question number, and can be readily analyzed across the versions.

Cover Page—On the cover page of the ASI, we have provided interviewer instructions, how to introduce the ASI to the client, and some drug and alcohol specific guidelines as well as a list of commonly used drugs.

It is important to differentiate items that are ***not applicable*** to the patient (which should be ***coded as "N"***), from items that the patient ***cannot understand or will not answer*** (which should be ***coded as "X"***). ***Please code all items.***

Patient's Rating Scale It is especially important that the patient develop the ability to communicate the extent to which he or she has experienced problems in each of the selected areas, and the extent to which he or she feels treatment for these problems is important. These subjective estimates are central to the patient's participation in the assessment of his or her condition.

In order to standardize these assessments, we have employed a 5-point (0–4) scale for patients to rate the severity of their problems and the extent to which they feel treatment for them is important.

- 0–Not at all
- 1–Slightly
- 2–Moderately
- 3–Considerably
- 4–Extremely

For some patients, it is adequate to simply describe the scale and its values at the beginning of the interview and occasionally thereafter. For other patients, it may be necessary to arrive at an appropriate response in a different fashion. The interviewer's overriding concern on these items is to get the patient's opinion. Getting the patient to use his or her own language to express an opinion is more appropriate than forcing a choice from the scale.

Several problems with regard to these ratings can occur. For example, the patient's rating of the extent of problems in one area should not be based on his or her perception of any other problems. The interviewer should attempt to clarify each rating as a separate problem area and focus the time period on the previous 30 days. Thus, the rating should be made on the basis of current, actual

problems, not potential problems. If a patient has reported no problems during the previous 30 days, then the extent to which he or she has been bothered by those problems must be "0," and the interviewer should ask a confirmatory question as a check on the previous information.

"Since you say you have had no medical problems in the past 30 days, can I assume that, at this point, you don't feel the need for any medical treatment?"

Note: If the patient is not able to understand the nature of the rating procedure, then insert an "X" for those items. Questions for the Patient's Rating Scale are described in each section.

General Information

DEMOGRAPHIC QUESTIONS:

This series of items was designed to provide administrative information. Many facilities may wish to change this section to collect necessary local information regarding insurance coverage, particular program codes, referral arrangements, case manager assignments, etc. *This is entirely appropriate;* even completely different face sheets may be used. *Additions or changes to these items should be made freely as needed* to reflect the administrative needs of your facility.

- G1. Identification Number:** A chart number or unique identifier may be used.
- G2. Social Security Number:** Enter the patient's social security number here.
- G4. Date of Admission:** Enter the date of admission of this current treatment episode as month–day–year. If you do not know when the patient will enter treatment, enter "xx xx xx".
- G5. Date of Interview:** Enter the date you completed the ASI as month–day–year.
- G6. This question is not included on the ASI, North Dakota State Adaptation for Use With Native Americans.**
- G7. This question is not included on the ASI, North Dakota State Adaptation for Use With Native Americans.**
- G8. Class:** Enter "1" if you are conducting an intake or baseline ASI. Most ASIs fall in this category. Enter "2" if you are conducting a follow-up ASI. These are conducted for outcome studies.
- G9. Contact Code:** Enter a "1" if you are conducting this interview in person. All intake ASIs must be done in person. Enter a "2" if this is being completed over the phone.
- G10. Gender:** Enter "1" if the patient is male, "2" if the patient is female.
- G11. Interviewer Code Number:** Your supervisor may ask you to enter an assigned interviewer code number, or place your initials in these boxes.
- G12. Special:** This box is coded "N" if the ASI interview is completed. If you cannot complete the interview: code "1" in this box if you decided to end the interview, "2" if the patient refused to complete the interview, and "3" if the patient was unable to respond due to severe withdrawal symptoms, psychiatric symptoms, intellectual limitations, or language barrier.

NAME AND ADDRESS:

Enter the patient's full name and current address. This is usually the address the patient will return to after treatment. If the patient is homeless, enter his or her most recent address.

- G14. How long have you lived at this address?** Enter the length of time at this current address as years–months. This information is used to evaluate the stability of the patient's living situation.
- G15. Is this residence owned by you or your family?** Enter "0" if the address is not owned by the patient or any family member. Enter "1" if this address is owned by the patient or a family member. This question is used to help evaluate the stability of the patient's living situation.
- G17. This question is not included on the ASI, North Dakota State Adaptation for Use With Native Americans. See the end of this Guide for in-depth instructions on this question, which is addressed in the Clinical/Training Version.**
- G35. Is this located on a reservation?** Enter "0" if the address listed is not on a reservation, or "1" if the address is on a reservation.
- G16. Date of Birth:** Enter date of birth as month–day–year. The patient's age will be an important reference in gathering data in the upcoming ASI sections.
- G29. What tribe(s) do you consider yourself part of? (Specify):** Write in the tribe or tribes the patient considers himself or herself part of. Note which tribe is considered to be primary if called for.
- G36. Are you enrolled?** Enter "0" if the patient is not enrolled in any tribe. Enter "1" if the patient is officially enrolled in a particular tribe, and specify the name of the tribe.
- G18. Do you have a religious or spiritual preference?** Enter the corresponding code if the patient reports having a religious or spiritual preference. This does not apply simply to the environment in which the patient was raised, but should reflect the actual current preference of the patient. Note that options of Jewish or Islamic preferences were maintained from the original ASI. This allows for all coding to be consistent.
1. Protestant
 2. Catholic
 3. Jewish
 4. Islamic
 5. None
 6. Other
 7. Native American Spiritual Practices (sun dance ceremonies, sweat lodges, etc.)
 8. Native American Church

G30. Are you currently practicing this religious or spiritual preference? Enter "0" if the patient is not practicing his or her preferred religion. Enter "1" if the patient is practicing his or her religion.

G19. Have you been in a controlled environment in the past 30 days?

G20. How many days?

Intent/Key Points

The intent of Questions G19 and G20 is to evaluate the patient's access to drugs or alcohol in the past 30 days. A controlled environment will refer to a *living situation in which the subject was restricted in his or her freedom of movement and access to alcohol and drugs*. This is usually residential status in a treatment setting or penal institution. A halfway house is generally *not* a controlled environment.

Suggested Interviewing Technique

Read the question as written. Providing the patient with examples can help him or her to understand what you mean by the term "controlled environment."

"Mr. Smith, in the past 30 days, have you spent any time in a controlled environment—a lock-up situation like a jail, or a detox program, or a medical hospital—any place where you may not have been able to get drugs and alcohol as easily as in your neighborhood?"

Coding Issues

- If the subject was in two types of controlled environments, enter the number corresponding to the environment in which he or she spent the majority of time. Code Item G19 to reflect the *total time in all settings*.
- If the response to Item G19 is "1," enter "N" for Item G20.

Cross-check

- ✓ Cross-check this item with all items that include information about the past 30 days. For example, if the patient has been in a controlled environment for 25 out of the 30 days, he or she generally would not have used drugs or alcohol on more than 5 days. If the patient reports using on days he or she was in a controlled environment, record a comment that explains the details.
- ✓ Cross-check items within various sections that will be reflected by this coding. For example, if the patient reports that he or she has been incarcerated for the last 6 months, the same information should appear in the Legal section.

SEVERITY PROFILE:

If you want to enter the severity ratings for the eight sections upon completing the ASI, a table is provided for your convenience.

G21–G28. Additional Test Results: These boxes are provided for your convenience if you want to enter results from any tests or assessments you have completed with the patient.

Medical Status

Introduction

The Medical Status section of the ASI helps you to gather some basic information about your patient's medical history. It addresses information about lifetime hospitalizations, long-term medical problems, and recent physical ailments. We recommend that you add questions that you consider relevant to each individual patient's treatment plan and that you make pertinent comments.

M1. How many times in your life have you been hospitalized for medical problems?

Intent/Key Points

To record basic information about the patient's physical medical history. Enter the number of **overnight** hospitalizations for **medical** problems. Also, **include** hospitalizations for drug overdoses and delirium tremens but **exclude** detoxification or other forms of alcohol, drug, or psychiatric treatment.

Suggested Interviewing Technique

Because this is the first section of the interview, the patient may be prepared to tell you about psychiatric hospitalizations or treatments for drug detoxification, rather than hospitalizations for medical problems. If this happens, we recommend that you support the patient's eagerness to tell you about drug-related problems, suggest that he or she remind you about those problems when you get to the Drug/Alcohol section, and direct the patient back to the Medical Status section. Providing examples of physical problems may help you to reinforce the message that you are interested in **physical medical** hospitalizations.

"Mr. Smith, I understand that you may want to tell me about drug detoxes. I appreciate that. Remind me about those when we get to the Drug/Alcohol section. Right now, however, I need to record a little bit of information about your medical history. How many times in your life have you been hospitalized overnight for physical medical problems, like to mend a broken bone or to get your tonsils out?"

Note: Don't record a patient's estimate that seems to be offered without much thought, such as "I've been in the hospital probably about five or six times." Instead, ask for some of the details (year in which the hospitalization occurred, other events in the patient's life at the time) surrounding each hospitalization. By gathering much information early, through probing, you will more fully understand the patient's situation. This additional information may help you to move through the interview in a more conversational fashion.

Additional Probes

- ☐ The approximate age of the patient at each hospitalization
- ☐ The name of each hospital
- ☐ The types of medications the patient received for serious injuries

Coding Issues

- Normal childbirth would *not* be counted since it is not a medical problem resulting from sickness or injury.
- Complications resulting from childbirth should be counted and noted in the Comments section.
- Recognize that patients may get treatment for fairly serious medical problems through an emergency room. Do not include treatment received through emergency room visits unless the patient was kept overnight.

Cross-check

- ✓ Medical Status Item M2 (possibly)

M2. How long ago was your last hospitalization for a physical problem?

Intent/Key Points

To record basic information about the patient's medical history. Enter the number of years and months since the patient was last hospitalized for a medical problem.

Suggested Interviewing Technique

Ask the question as written unless you can tell from the previous question exactly how long ago the last hospitalization occurred.

*"Mr. Smith, how **long ago** was your last hospitalization?"*

Note: This question is occasionally misread. It is not "How **long** was your last hospitalization?" You want to know how **long ago** was his last hospitalization.

Additional Probes

- ☐ The name of each hospital
- ☐ The types of medications the patient received for serious injuries

Coding Issues

- If the last medical hospitalization occurred within the previous month, code the blocks "00 01."
- If the patient was never hospitalized for a medical problem, enter "N."

Cross-check

- ✓ Medical Status Item M1 (possibly)

M3. Do you have any chronic medical problem that continues to interfere with your life?

Intent/Key Points

A chronic condition is a serious or potentially serious physical or medical condition that requires continuous or regular care on the part of the patient (for example, the condition involves medication, dietary restrictions, or an inability to take part in or perform normal activities). Some examples of chronic conditions are hypertension, diabetes, epilepsy, and physical handicaps. Focus on and record the presence of a chronic medical problem if the patient needs continued care, *even if the patient has grown accustomed to the care*. For example, a diabetic patient may report that injecting insulin daily doesn't interfere with his or her life because it has become routine. Regardless, you would count the diabetes as a chronic medical problem.

Suggested Interviewing Technique

Provide examples and emphasize the chronic aspect of the problem. It may help to de-emphasize the problem's "interference with the patient's life" in cases in which the patient has accepted the continued care as less of an interference than a daily routine.

"Do you have a chronic medical problem, Mr. Smith . . . like diabetes or high blood pressure or chronic back pain?"

Additional Probes

- ☐ Medical doctor's recognition of the problem as chronic
- ☐ Year when the problem was diagnosed
- ☐ HIV test status

Coding Issue

- If a patient states that his or her need for reading glasses or minor allergies is a chronic problem, *this is a misunderstanding* of the question. If the patient does report a valid, chronic problem, comment on the nature of that problem in the space provided.

Cross-check

- ✓ Medical Status Item M4 (possibly)

M4. Are you taking any prescribed medication on a regular basis for a physical problem?

Intent/Key Points

The purpose of this question is to validate the severity of the disorder by a physician's independent decision to medicate the problem. Therefore, if the medication was prescribed by a *legitimate* medical professional, for a medical (not psychiatric or substance abuse) condition, it should be counted *regardless of whether the patient actually took the medication*. Medications prescribed for only short periods of time or for specific temporary conditions (e.g., colds, detoxification) should not be counted. Only the continued need for medication should be counted (high blood pressure, epilepsy, diabetes, or similar conditions). Do not include medication for psychiatric disorders; these will be recorded later. Include nontraditional medications prescribed by tribal medicine persons.

Suggested Interviewing Technique

Ask this question as written, including the name of the chronic problem from the previous question, if appropriate.

"Mr. Smith, are you taking any prescribed medication on a regular basis for any medical problem? For example, you mentioned that you have high blood pressure. Are you taking any prescribed medication on a regular basis for your high blood pressure or any other medical problem?"

Additional Probes

- ☐ Dosage of medication
- ☐ Source of the medication (name of physician, pharmacy)
- ☐ Compliance

Coding Issue

- Medications for sleep problems are usually temporary and generally fall under the Psychiatric section.

Cross-check

- ✓ Drug/Alcohol grid, Items D1–D13 (possibly)
- ✓ Medical Status, Item M3 (possibly)

M15. Number of months pregnant

Intent/Key Points

To evaluate the need for a medical evaluation for pregnancy, or for a more medically based treatment or prenatal care, if pregnant

Suggested Interviewing Technique

Ask of female patients only.

"Is there any chance that you may be pregnant now?"

Additional Probes

- ☐ Date of last menstrual period
- ☐ Sexual activity without birth control since the last menstrual period

Coding Issues

- If the patient is unsure, enter "X."
- If patient is male, enter "N."

Cross-check

- ✓ M6. Patient may have had symptoms such as morning sickness.

M5. Do you receive a pension for a physical disability?

Intent/Key Points

The pension must be for a *physical (not psychiatric)* disability.

Suggested Interviewing Technique

Ask the question as written, and give examples.

"Mr. Smith, are you receiving a pension for any physical disability from any source such as the VA, Social Security, or worker's compensation?"

Additional Probes

- ☐ Details of the pension
- ☐ Details of the medical problem that warranted the pension

Cross-check

- ✓ Employment/Support Item E15

M16. Have you ever sought medical help from a tribal medicine person?

M17. How many days in the past 30 days have you sought help from a tribal medicine person?

Intent/Key Points

To ascertain whether the patient has sought medical help within the Native American culture. Answers to Question M16 could indicate a preference for help from traditional sources. Question M17 would also indicate if this is the patient's current preference or if the patient has received recent medical care.

Suggested Interviewing Technique

Ask the question as written with deference to the patient's description of the provider as a medicine man, medicine person, etc.

Additional Probes

- ☐ Has the patient sought nontraditional medical help in the past month?
- ☐ Does the patient go to a tribal medicine person regularly?
- ☐ What did the patient seek help for?

Coding Issue

- Code only help sought for medical problems.

Cross-check

- ✓ M6, number of days of problems
- ✓ M3 (possibly), chronic medical problems

M6. How many days have you experienced medical problems in the past 30 days?

Intent/Key Points

Ask the patient how many days in the past 30 days he or she has experienced physical/medical problems. Do not include problems directly caused **only** by alcohol or drugs. This means problems such as hangovers, vomiting, or lack of sleep that would be removed if the patient were abstinent. However, if the patient has developed a continuing medical problem through substance abuse that **would not be eliminated simply by abstinence**, such as cirrhosis, phlebitis, or pancreatitis, include the days on which he or she experienced these problems. Include symptoms of minor ailments such as a cold or the flu.

Suggested Interviewing Technique

Ask the question as written and give examples.

Help the patient to understand that you need to record the exact number of days that he or she experienced medical problems. For example, if the patient says that he or she felt short of breath "some of the time," ask him or her to tell you the exact number of days that he or she felt short of breath. Finally, make sure that the shortness of breath was a medical problem unrelated to drug or alcohol use.

"Mr. Smith, how many days have you experienced any medical problems . . . anything from a cold to the flu to the back pain [or other symptom of a chronic medical problem] that you described earlier?"

Additional Probe

- ☐ Identify the exact number of days; describe the problems.

Cross-check

- ✓ Medical Status Items M7 and M8

MEDICAL STATUS PATIENT RATING

M7. How troubled or bothered have you been by these medical problems in the past 30 days?

M8. How important to you now is treatment for these medical problems?

Intent/Key Points

To record the patient's feelings about how bothersome the previously mentioned physical ailments have been in the past month and how interested the person would be in receiving (additional) treatment. Be sure to have the patient restrict his or her response to those problems counted in Item M6.

Suggested Interviewing Technique

When asking the patient to rate the problem, use the problem name rather than just the term "problems." For example, if the patient reports having trouble with chest pain in the past 30 days, ask the patient Question M7 in the following way:

"Mr. Smith, how troubled or bothered have you been in the past 30 days by the chest pains that you mentioned . . . or by any other medical problems?"

Ask the patient Question M8 in the following way:

"Mr. Smith, how important would it be for you to get (additional) treatment for the chest pains that you mentioned, or for any other medical problems?"

If M6=0, we suggest that you ask Questions M7 and M8 in the following way, to double-check that the patient really has not had problems.

"So, Mr. Smith, it sounds like you haven't had any medical problems in the past 30 days. May I assume that you haven't been bothered by any medical problems?"

Coding Issue

- For Item M8, emphasize that you mean **additional** medical treatment for those problems specified in Item M6.

Cross-check

- ✓ Medical status, Item M6. If Medical Status Question M6 equals 0, then Items M7 and M8 must equal 0 also. You can't rate the extent to which a nonexistent problem is bothersome.

MEDICAL STATUS INTERVIEWER SEVERITY RATING

M9. How do you rate the patient's need for medical treatment?

Remember the two-step derivation method for severity ratings:

Step 1: *Reduce the 10-point scale (0–9) to two or three points, using only the objective items (Items 1–6 in the Medical Status section).*

- 0–1 No problem, treatment not necessary
- 2–3 Slight problem, treatment probably not necessary
- 4–5 Moderate problem, treatment probably necessary
- 6–7 Considerable problem, treatment necessary
- 8–9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the following critical objective items of the section.

Critical Objective Items of the Medical Section

Item	Description
M1	Lifetime hospitalizations
M3	Chronic problems

Step 2: *Factor in the patient's rating. Pick the score on the Patient's Rating Scale that represents the patient's rating.*

For example, if the interviewer's selected three-point range is 4-5-6, and the patient reports that he or she has been *extremely* (rates it a 4) bothered and he would be *extremely* (rates it a 4) interested in treatment for medical problems, then select the highest point of the three-point range (in this case, a 6) for the severity rating in this section.

The meaning of the 6 severity rating is that treatment is necessary for the medical section. The severity rating for this section should have no effect on any other sections.

In many cases, patients suffer from conditions that may only be arrested and, at least for now, cannot be cured (diabetes, hypertension, epilepsy, etc.). If the patient seems to be taking appropriate care of his or her condition (medication, proper diet, etc.) *and it is under control*, there may be no need for *an additional form or type of treatment beyond the regimen he or she is currently receiving*. This patient's severity rating may be low since *additional* treatment is probably not necessary.

If the condition is serious and problematic, it should be rated as severe *even if there is currently no effective treatment* for that condition.

MEDICAL STATUS CONFIDENCE RATING

Is the above information significantly distorted by:

M10. Patient's misrepresentation?

M11. Patient's inability to understand?

Intent/Key Points

The judgment of the interviewer is important in deciding the veracity of the patient's statements and his or her ability to understand the nature and intent of the interview. A code of "yes" cannot be the result of a hunch on the part of the interviewer. Rather, this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or is supplied in the record.

Even when the worker is aware of inconsistencies in the client's responses, this does not automatically mean a "yes" answer will be recorded to these questions. The operant phrase here is "significantly distorted." If the entire section is not significantly distorted by a couple of misrepresentations and/or an inability to understand, then you would select a "no" response.

Coding Issue

- Whenever a "yes" response is coded, the interviewer should record a brief explanation in the Comments section.

Cross-check

- ✓ Confidence Rating in other sections. If too many sections are endorsed, the interviewer may want to terminate the interview.

Note: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted, the interviewer must probe for further information and attempt to reconcile conflicting reports.

Employment/Support Status

Introduction

The Employment/Support Status section of the ASI is designed to help you to gather some basic information about the resources your client can record on a job application, as well as his or her current sources of income. Clients may be hesitant to disclose information about illegally receiving money from two sources. For example, some clients may be working while receiving unemployment benefits. They may feel unsure about whether or not you can be trusted to keep information confidential. For this reason, we recommend that before you list the possible sources of income (Questions E12–17 and E28), you *reinforce the assurance that any information that the client gives you during the interview remains within the treatment program.*

E1. Education completed

Intent/Key Points

To record basic information about the patient's formal education. Enter the number of years and months of completed formal education. A General Equivalency Diploma (GED) will be entered as "12," but should be noted. Correspondence school will *not* be entered here.

Suggested Interviewing Technique

Ask the question as written. However, don't forget to ask whether the patient received his or her or her GED. Sometimes patients earn their GED while incarcerated.

"Mr. Smith, how many years of education have you completed?"

Additional Probes

- ☐ College major (if applicable)
- ☐ Name of high school or college

Coding Issue

- If a patient received an associate's degree, record 14 00; a bachelor's degree 16 00; a master's degree 18 00; or a doctorate 20 00.

E27. Education completed in:

- ▶ BIA Boarding Schools (on your reservation)
- ▶ BIA Boarding Schools (not on your reservation)
- ▶ Tribal Boarding Schools
- ▶ Church/Mission Boarding Schools
- ▶ Non-boarding Schooling, on reservation

Intent/Key Points

To record information about education received outside traditional public or private school systems. Enter the number of years and months of completed education in each area.

Suggested Interviewing Technique

Ask the questions as written.

Additional Probes

- ☐ Name and location of school

Coding Issues

- Years and months of education received should be counted in only one type of setting.

E2. Training or technical education completed

E3. Do you have a profession, trade, or skill?

Intent/Key Points

For Item no. E2, record basic information about the patient's formal technical education or training that could be listed on a job application. Enter the number of months of formal or organized training that the patient has completed. Try to determine whether this is valid training, such as a legitimate training program *or an apprenticeship through a recognized on-the-job training program*. If the patient answers "yes" to Item no. E3, note what his or her trade is. Generally, a trade will be counted as any employable, transferable skill that was acquired through specialized training or education.

Suggested Interviewing Technique

It may be helpful to ask three separate questions. The first question identifies whether the patient has ever received any formal technical training.

"Mr. Smith, have you ever received any job training through a formal on-the-job training program or a training school like [name of local training school]?"

The second question addresses the length of the course.

"How long did that course take to complete?"

Finally, the third question (Item E3) identifies the patient's profession, trade, or skill. The response to Item E3 will not always coincide with the response to Item E2 (for example, a response from a school teacher who has been trained in carpentry).

"Do you have a profession, trade, or skill?"

Additional Probes

- ☐ The name of the training institute
- ☐ Information about programs that the patient started but did not finish
- ☐ Information about the patient's skills that were acquired without a formal training program

Coding Issue

- Judgment should be used in recording training during military service. Count this training only if it has potential use in civilian life and gives the patient a marketable skill or trade. These skills could include cooking, heavy equipment operation, or equipment repair; all of which **would be counted**; infantry training or demolition training generally **would not be counted**.

E4. Do you have a valid driver's license?

E5. Do you have an automobile available for your use?

E25. Are other forms of transportation available to you?

Intent/Key Points

This item (and Item no. E5) provide an indication of the patient's opportunity to become employed, since many jobs require driving while at work or at least the ability to get to work in places where public transportation is not available. A valid driver's license is a license that has not expired or been suspended or revoked. Item E5 does not necessarily require vehicle ownership but does require availability on a regular basis for personal transportation. Items E4 and E5 are to be used as indicators of the patient's ability to get to and from work.

Item 25 was added to assess adequate transportation available as part of a supportive psychosocial environment that would make outpatient treatment feasible.

Suggested Interviewing Technique

Ask these questions as written. It has been our experience that some patients have a difficult time answering these questions in a direct way. They may attempt to qualify their answers. For example, they may say, *"My license should be valid, but I just have to take care of some tickets."* For a response like this one, record that the patient has no license and code Item E5 with a "0" also.

"Mr. Smith, do you have a valid driver's license?"

"Do you have an automobile available for your use, if you needed it to get to work every day?"

Additional Probe

☐ Reason for the license being invalid

Coding Issue

- If the patient has no valid driver's license, code Item E5 with a "0," rather than an "N."

Cross-check

✓ Legal Status, Items L18 (possibly), L19 and L20

E6. How long was your longest full-time job?

Intent/Key Points

To record basic information about the patient's work history. Stress that you are interested in the *full-time job* the subject held for the longest time, not a part-time job.

Suggested Interviewing Technique

Ask the question as written. Emphasize "full-time."

"Mr. Smith, how long was your longest full-time job?"

If the patient has a difficult time answering this question as stated, it may be helpful to gather information about the patient's current job status and work backward in time, recording information about all of his or her full-time jobs. Although it may seem as if you are doing extra work, the information will help you answer Item E10 (usual employment pattern, past 3 years).

"So, Mr. Smith are you currently working? How long have you been working at this job?"

"What were you doing before this job? How long were you working at that job?"
and so on...

Additional Probes

- ☐ Names of places where the patient worked
- ☐ Job position title
- ☐ Reasons for leaving jobs
- ☐ Years that the patient worked at each job
- ☐ Information about part-time jobs

Coding Issue

- Employment while in military service will be counted only when it is beyond the subject's original enlistment period.

Cross-check

- ✓ Employment/Support Status Item E10 (possibly)

E7. Usual (or last) occupation

This question is not included on the ASI North Dakota State Adaptation for Use With Native Americans. See the end of this *Guide* for in-depth instruction on this question, which is addressed in the Clinical/Training Version.

E8. Does someone contribute to your support in any way?

E9. Does this constitute the majority of your support?

Intent/Key Points

To record information about additional sources of financial support. Ascertain whether the patient is receiving any regular support in the form of cash, housing, or food from a friend or family member, **not** an institution. A spouse's contribution to the household **is included**.

Suggested Interviewing Technique

Ask the question as written, and give examples. Stress that you mean financial support. Help the patient to understand that financial support can mean housing and food, as well as cash.

"Mr. Smith, is anyone currently contributing to your support? For example, is anyone allowing you to stay with them? Is anyone putting money toward your bills? Does your wife work?"

"Is the support that you are receiving the majority of your support?"

Note: Clients who are living with their parents may get defensive if you ask them directly about whether their parents are helping them financially. There is no need to press them to admit that their parents are helping them. You already have information about their current address (see the General Information section). If the client reports that he or she is not paying any room and board, you may code Item E8 as "yes" (with a "1"). You might consider asking, *"Are you receiving money from any source other than your parents?"* If the answer is no, you may code Item E9 "yes" (with a "1") also.

Coding Issues

- If the information from Items E12 to E17 does not confirm the initial response from Items E8 and E9, then clarify any discrepancy.
- Code Item E9 with an "N" if the answer to Item E8 was "no."
- Record information only about financial support from individuals, not institutions, such as a Department of Public Assistance.

Cross-check

- ✓ Employment/Support Status Items E12–17 (support)

E10. Usual employment pattern, past 3 years

Intent/Key Points

The interviewer should determine which choice is most representative of the past 3 years, *not simply the most recent*. Full-time work (including under the table jobs) is defined as regular and equal to or greater than 40 hours per week. Regular part-time work is a job in which the patient has a work schedule less than 40 hours per week but it is regular and sustained. Irregular part-time work refers to jobs in which the patient works on a part-time basis but does not work on a reliable schedule. When there are equal times for more than one category, record the answer that which best represents the current situation.

Suggested Interviewing Technique

It may take a series of questions to get the correct response to this item. Depending on the patient, you might consider beginning by asking about the person's current work situation and working backward in time. Other patients find it easier to think back to what they were doing 3 years ago, and work forward.

If you know the person is employed:

"Is your current job full-time? How long have you held this job?"

"What kind of work did you do before this job? Was that job full-time?"

If you know the person is unemployed:

"How long have you been unemployed? What were you doing in your previous job?"

"How long did you hold that job? Was it a full-time or part-time job?"

Regardless, the information that you finally record will represent the patient's employment pattern during *most* of the past 3 years.

Additional Probes

- ☐ Names of work places
- ☐ Amount of overtime

Coding Issues

- Record the code that corresponds to the pattern that the patient held during the greatest part of the past 3 three years. For example, you would code this item "1" for a patient who worked full-time for 2 of the last 3 years, even if the patient had not worked for the past year.
- If the patient has been employed for the past 1½ years after being unemployed for 1½ years, record that the patient was "usually" employed (although the periods of employment and unemployment were equal, the period of employment is the most recent).

Cross-check

- ✓ Employment/Support Status Item no. E6 (possibly)

E11. How many days were you paid for working in the past 30 days?

Intent/Key Points

To record basic information about the person's current work situation. Record the number of days in which the patient was paid (or will be paid) for working. Jobs held in a prison or in a hospital are not counted. "Under the table" jobs *are* included. Paid sick days and vacation days *are* included here.

Suggested Interviewing Technique

Ask the question as written. Emphasize that you're interested in "under the table" work also. Often patients report that they were paid for working "every day." The interviewer must clarify whether the patient worked a 5-day week (code 20), or a 6-day week (code 24). Ask for the exact number of days worked *this month*.

"Mr. Smith, how many days were you paid for working, including under the table work, in the past 30 days?"

Additional Probes

- ☐ Name of employer
- ☐ Explanation for days of work missed
- ☐ Days of overtime

Coding Issues

- A 5-day work week will generally be coded as "20" days of work (20 days for 4 weeks of work) and a 6-day work week will be coded as "24" days (24 days for 4 weeks of work).

Cross-check

- ✓ Employment/Support Status Item no. E10 (possibly)

E12–17 and E28. How much money did you receive from the following sources in the past 30 days?

Intent/Key Points

E12. Employment: This is net or "take home" pay. Also include pay for under the table work.

E13. Unemployment compensation: Self-explanatory.

E14. Welfare or public assistance: *Include the dollar amount of food stamps here* as well as transportation money provided by an agency to assist the patient in getting to and from treatment.

E15. Pension, benefits or Social Security: This includes pensions for disability or retirement, veterans benefits, Supplemental Security Income (SSI), and worker's compensation.

E16. Mate, family, or friends: The purpose of this question is to determine how much additional *pocket money* the patient had during the past 30 days, *not* to determine whether he or she was supported with food, clothing, and shelter. Record only money borrowed or received from one's mate, family, or friends. These refer *only to cash payments* given to the patient and *not* to an estimated value of housing and food provided. (This was assessed in Items E8 and E9.) *Do not* simply record the earnings of a spouse in this item; record only just the dollars *actually given to the patient*.

E17. Illegal: This includes any *money* obtained illegally from drug dealing, stealing, fencing stolen goods, *illicit* gambling, or similar sources. If the patient has received drugs in exchange for illegal activity, *do not attempt to convert this to a dollar value*. Simply note this in the Comments section and in the Legal section. Again, the focus is on money available to the patient, not on an estimate of the patient's net worth.

E28. Government payment for land/land lease: Native Americans may receive money from the government for use of their land. Record this amount here if money was received in the past month. If the payment is made once each year, and covers 12 months of payments, record the total amount here if it was received in the past month.

Suggested Interviewing Technique

As discussed in the Introduction to this section, assure the client that the information given during the interview is confidential and remains within the treatment program. Read the questions as written, and give examples for each item.

"Mr. Smith, how much money did you receive from employment in the past 30 days?"

Additional Probe

- ☐ Information about bartering

Coding Issue

- Include under "Mate, family, or friends" any coincidental or windfall income from *licit* gambling, loans, inheritance, tax returns, or any other *unreliable* source of income.

Cross-check

- ✓ Employment/Support Status, Items E8 and E9
- ✓ Drug/Alcohol Item D20.

E18. How many people depend on you for the majority of their food, shelter, etc.?

Intent/Key Points

Stress that these people must *regularly depend on the patient* for financial support. These are not simply people to whom the patient has occasionally given money. **Do not** include the patient or a spouse who is self-supporting. **Do** include dependents who are normally supported by the patient but, due to unusual circumstances, have not received support recently. Alimony and child support payments are included to indicate persons depending on the patient, if appropriate.

Suggested Interviewing Technique

Read the question as written, and give examples.

"Mr. Smith, how many people depend on you for the majority of their food or shelter? For example, are any children living with you who depend on you to buy their food for them?"

Additional Probe

☐ Is the money taken out of your check?

Cross-check

☒ Other items that refer to children or other dependents

E19. How many days have you experienced employment problems in the past 30 days?

Intent/Key Points

Include the patient's inability to find work (only if the patient has tried), or problems with present employment (if employment is in jeopardy or unsatisfactory, etc.).

Suggested Interviewing Technique

The way you ask this question depends on the information that you have about the patient so far. If the patient is working, it is appropriate to ask the question as written, and give with examples.

"Mr. Smith, how many days have you had employment problems in the past 30 days? For example, have you been put on probation at work for any reason?"

If the patient *has not* worked in the past 30 days, you should ask a preliminary question, which is not coded.

"Have you actively looked for work in the past 30 days?"

If the answer is "yes," ask **how many days** the patient actively looked for work. Record that response in Item E19 and ask Items E20 and E21. Refer to the number of days the patient could not find work as employment problems.

Additional Probe

- ☐ Nature of employment problems

Coding Issues

- It is important to distinguish between whether the problems reported here are simply interpersonal problems on the job (for example, can't get along with certain members of the work force) or if the problems are **entirely** due to alcohol/drug use. Problems such as the latter would most likely be counted under the Family/Social or the Alcohol/Drug section, rather than in this section.
- Do not include problems in "finding a job" that are directly related only to the patient's substance abuse, such as withdrawal or hangover.
- **Do not include bad feelings about the prospects for employment** or the wish to make more money or change jobs, **unless** the patient has actively attempted these changes and has been frustrated.

- In a situation in which the patient has not had the **opportunity** to work because of incarceration or being in some other controlled environment, it is, by definition, not possible for him or her to have had employment problems. In situations like this, in which the patient has not had the opportunity to work, the appropriate answer is a "no," and the patient ratings that follow should also be no, since they depend on the opportunity to find work.

EMPLOYMENT/SUPPORT STATUS PATIENT RATING

E20. How troubled or bothered have you been by these employment problems in the past 30 days?

E21. How important is it for you to get employment counseling?

Intent/Key Points

These ratings are restricted to those problems identified by Item E19. For Item E21, stress that you mean help in *finding or preparing for a job, not giving the client a job*.

Suggested Interviewing Technique

The way you ask this question depends on the information that you have about the patient so far.

In E19, if the patient identified either a problem on the job or a problem finding a job after actively looking for one, ask Questions E20 and E21 as follows:

"Mr. Smith, how troubled or bothered have you been by the employment problems that you had in the past 30 days, such as the time you spent on work probation?"

If the patient reported in Item E19 that he or she has not worked in the past 30 days, you should code Item E20 "0" without asking it. We assume that if the patient has not actively looked for work in the past month, he or she has not been bothered by employment problems. The interviewer should still ask Item no. E21 in the following way:

"Mr. Smith, how important would it be for you to get employment counseling?"

Additional Probe

- ☐ Job sources contacted by the patient

Coding Issue

- In a situation in which the patient has not had the **opportunity** to work because of incarceration or being in some other controlled environment, it is, by definition, not possible for him or her

to have had employment problems. In situations like this, in which the patient has not had the opportunity to work, the appropriate answer is a "no," and the patient ratings that follow should also be no, since they depend on the opportunity to find work.

Cross-check

✓ Employment/Support Status Item E19

EMPLOYMENT/SUPPORT STATUS INTERVIEWER SEVERITY RATING

E22. How would you rate the patient's need for employment counseling?

Remember the two step derivation method for severity ratings:

Step 1: *Reduce the 10-point scale (0–9) to two or three points, using only the objective items (Items 1–19 in the Employment/Support Status section).*

- 0–1 No problem, treatment not necessary
- 2–3 Slight problem, treatment probably not necessary
- 4–5 Moderate problem, treatment probably necessary
- 6–7 Considerable problem, treatment necessary
- 8–9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the following critical objective items of the section.

Critical Objective Items of the Employment/Support Section

Item	Description
E1 and E2	Education and training
E3	Skills
E6	Longest full-time job
E10	Recent employment pattern

Step 2: *Factor in the patient's rating. Pick the score on the Patient's Rating Scale that represents the patient's rating.*

For example, if the interviewer's selected three-point range is 1-2-3, and the patient reports that he or she has been slightly (rates it a "1") bothered and he or she would only be slightly (rates it a "1") interested in job training or counseling for employment problems, select the lowest point of the three-point range (in this case, a "1") for the severity rating in this section.

The meaning of the "1" severity rating is that treatment is not necessary for problems related to employment or financial support. The severity rating for this section should have no effect on any other sections.

EMPLOYMENT/SUPPORT STATUS CONFIDENCE RATING

Is the above information significantly distorted by:

E23. Patient's misrepresentation?

E24. Patient's inability to understand?

Intent/Key Points

The judgment of the interviewer is important in deciding the veracity of the patient's statements and his or her ability to understand the nature and intent of the interview. A code of "yes" cannot be the result of a "hunch" on the part of the interviewer. Rather, this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or is supplied in the record.

These questions are not to be used as "denial meters" (i.e., gauges of denial). Even when the worker is aware of inconsistencies in the client's responses, this does not automatically mean a "yes" answer will be recorded to these questions. The "operant" phrase here is ***"significantly distorted."*** If the entire section is not significantly distorted by a couple of misrepresentations and/or an inability to understand, then you would select a "no" response.

Coding Issue

- Whenever a "yes" response is coded, the interviewer should record a brief explanation in the Comments section.

Cross-check

- ✓ Cross-check items with Confidence Rating in other sections. If too many sections are endorsed, the interviewer may want to terminate the interview.

Note: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted, the interviewer must probe for further information and attempt to reconcile conflicting reports.

Drug and Alcohol Use

Introduction

The Drug/Alcohol use section of the ASI helps to gather some basic information about the patient's substance abuse history. It addresses information about current and lifetime substance abuse, consequences of abuse, periods of abstinence, treatment episodes, and financial burden of substance abuse. We recommend that you add extra questions as you deem necessary, to complete your treatment plan. The manual addresses the "Drug Grid," Drug and Alcohol Items D1–D12 in five separate sections: the patient's use in the past 30 days, lifetime, age at first use, route of administration, and date of last use. We recommend that for each substance, you ask the questions pertaining to the past 30 days before you ask about lifetime use.

D1–12: Drug and Alcohol Use, Past 30 Days

Intent/Key Points

Past 30 days: To record information about recent substance use

Record the number of days in the past 30 days, that the patient reported any use at all of a particular substance. **Note:** *It is important to ask **all** substance abuse history questions regardless of the presenting problem* (for instance, an alcoholic may be combining drugs with drinking; a cocaine user may be unaware of a drinking problem).

Suggested Interviewing Technique

Be sure to **prompt the patient** with examples (using slang and brand names) of drugs *for each specific category*. We recommend that you ask this question like this:

"Mr. Smith, how many days in the past 30 days have you used _____?"

Not how many **times** in the past 30 days. There is a difference between the number of days and the number of times.

Not how many drinks or "lines" or "rocks" in the past 30 days. There is a difference between the number of days and the number of drinks.

Note: Item No. D2—Alcohol (to intoxication)—does not necessarily mean getting drunk. In fact, it is **not advisable to use the phrase "to intoxication"** in asking the question since patients' interpretations of this phrase vary so widely. Instead, ask the number of days the patient **"felt the effects"** of alcohol, e.g., got a buzz, high, or drunk. If the patient gives evidence of considerable drinking yet denies feeling the effects

of the alcohol, get an estimate from the patient of how much he or she has been drinking. (The patient may be denying the effects *or* manifesting tolerance). As a rule, in such cases, the equivalent of five or more drinks in one day, can be considered Alcohol (to intoxication) for Item D2.

Additional Probes

- ☐ Quantity of use per day
- ☐ Estimated amount of money spent on the substance per day
- ☐ Usage patterns (only on weekends, for example)

Coding Issues

- Prescribed medication is counted under the appropriate generic category.
- LAAM should be recorded under "Methadone." Antagonists, such as Antabuse and naltrexone, are not recorded under the substance history section but should be noted as comments at the bottom of the page.
- Cocaine is used in many forms and these often have different names. "Crack" or "rock" cocaine is simply the freebase (smokable) form of cocaine. All different forms of cocaine (e.g., crystal cocaine, snorted; freebase cocaine, smoked; crystal cocaine, injected) should be counted under the cocaine category.

Cross-check

- ✓ Drug/Alcohol Use, Item D13
- ✓ Drug/Alcohol Use, Items D19 and D20
- ✓ Drug/Alcohol Use, Items D23 and D24

D1–12: Drug and Alcohol Use, Lifetime Use

Intent/Key Points

To record information about extended periods of **regular use**. *The general rule for regular use is a frequency of three or more times per week.* However, cocaine, alcohol, and some other drugs can be regularly and severely abused in *2-day binges*. Therefore, the interviewer should probe for evidence of regular problem use, usually to the point of intoxication and to the point that it compromises other normal activities such as work, school, or family life. Problem use here will generally be obvious and ***it should be counted*** even if it is less than three times per week. If there is substantial but irregular use of any drug (less than three times per week for a month or longer), please record this under Comments but do not include it under Items D1–D12.

Suggested Interviewing Technique

Generally, you will need to ask a number of questions to get the information that you will eventually code in the boxes in the grid. With many patients, it is possible to get a valid response by asking the question the following way:

*"Mr. Smith, how many years of your life have you regularly used _____
?"*

By "regularly," I mean three or more times per week."

However, when interviewing patients with complicated substance use histories, it may be helpful to ask them the year when they began to use the substance regularly and work forward in time from there.

"Mr. Smith, when did you start using alcohol regularly?"

"Since you started, have you ever abstained for over a month?"

"When did you pick up again?"

After you have recorded the periods of time during which the patient has used each substance, you know what to record in the lifetime section of the drug grid. You may consider summarizing it for the patient like this:

"So, Mr. Smith, it sounds like you started using cocaine regularly while you were in high school in 1978. You continued to use it regularly until 1981, when you got into treatment. You stayed clean until 3 months ago, when your brother died. You have been using regularly since then. So, in your lifetime, you have used cocaine regularly for 3 years and 3 months." (Code "03" for 3 years of use, etc.)

Additional Probes

- ☐ Events that occurred at the same time when the patient was using (or abstaining from) a substance
- ☐ Differences in route of administration over time
- ☐ Substance combinations

Coding Issues

- Six months or more of use will be considered 1 year; less than 6 months of problematic use should be noted in the Comments but *not* counted as a year.
- See Coding Issues, Drug and Alcohol Use Past 30 Days for other relevant coding issues.

Cross-check

- ✓ Drug/Alcohol Use, Items D13, D19, D20, D23, and D24

D1–12: Drug and Alcohol Use, Age at First Use

Intent/Key Points

To record information about the age at which the client first used each substance

Suggested Interviewing Technique

Use the name of the specific drug. Provide examples.

"Mr. Smith, how old were you when you first tried cocaine?"

Additional Probe

- ☐ Use of drug combinations

Coding Issue

- Many clients will report that their mother used drugs or alcohol while she was pregnant with the client. Do not count this as the client's first use; simply ask when the client first tried the drug themselves.

D1–12: Drug and Alcohol Use, Route of Administration

Intent/Key Points

To record information about the patient's usual or most recent route of administration for each substance listed. The code for the administration is listed above the drug grid as follows:

1–oral 2–nasal 3–smoking 4–non-IV injection 5–IV injection

Suggested Interviewing Technique

Use the name of the specific drug. Provide examples.

"Mr. Smith, how are you using the cocaine? For example, are you snorting it . . . or are you freebasing it . . . are you injecting it?"

Additional Probe

- ☐ Use of drug combinations

Coding Issue

- In cases in which two or more routes are routinely used, the most serious route should be coded. (The routes of administration are numbered in order of their severity.)

D1–12: Drug and Alcohol, Date of Last Use

Intent/Key Points

To record the most recent use of drugs and alcohol, by category, especially as it pertains to the possibility of the patient experiencing withdrawal symptoms.

Coding Issue

- The patient may not feel comfortable discussing use in the past few days. Reassure the patient that this information is used to decide on the appropriate treatment modality and to develop the treatment care plan.

D13. Multiple Substances

Intent/Key Points

To record information about drug combinations. Under Past 30 Days, ask the patient how many days he or she took more than one (ASI category) substance, including alcohol. Under Lifetime Use, ask the patient how long he or she regularly (generally three times per week for a month or more) took more than one substance per day, including alcohol.

Suggested Interviewing Technique

By reviewing the information in the drug grid, you should be able to estimate the number of days that the patient used more than one drug in the past 30 days, as well as the number of years he or she regularly used more than one substance. To ensure that you are getting accurate information, ask the following:

"How many days in the past 30 days have you used more than one substance per day?" **and**

"How many years have you regularly used more than one substance per day?"

Additional Probes

- ☐ The substances that the patient used together
- ☐ Substances that the patient used within the same day, but did *not* use together
- ☐ The names of drugs that were prescribed

Cross-check

- ✓ Drug/Alcohol Use Items D1–12

D14. Which substance is the major problem?

Intent/Key Points

To record the patient's current major substance of abuse. *Generally, the interviewer should determine the major drug of abuse* based on the years of use, number of treatments, number of delirium tremens (DTs) and/or overdoses. If the information provides no clear indication of his or her drug problem, then ask the patient what he or she thinks is the major substance problem. Enter one of the following codes:

1–Alcohol	9–Amphetamines
3–Heroin	10–Cannabis
4–Methadone	11–Hallucinogens
5–Other Opiates/Analgesics	12–Inhalants
6–Barbiturates	15–Alcohol/Drug
7–Other Sedatives/Hypnotics/Tranquilizers	16–Polydrug
8–Cocaine	

Note: Record a "16" if the patient has major problems with more than one drug, or a "15" if the patient abuses alcohol *and one or more* drugs.

Suggested Interviewing Technique

If you have to ask the question, ask it as it appears on the ASI. Allow the patient to report more than one substance as his or her major problem.

"Mr. Smith, which substance is your major problem?"

Coding Issues

- Some patients may report that **legal methadone** is their primary drug problem, as in the case of patients who are seeking detoxification and drug-free treatment. This **can** be used as the major problem in Item 14, and problems associated with the legal methadone may be recorded in Item 22.
- **For follow-up interviews**, record what the patient thinks is the major substance abuse problem. If at follow-up the patient maintains that he or she has no drug or alcohol problem but reports experiencing drug or alcohol problems on Item 22, then clarify Item 14 by asking whether the patient considers that substance to be the current major problem.

Cross-check

- ✓ Drug/Alcohol Use Items D1–12

D15. How long was your last period of voluntary abstinence from this major substance?

D16. How many months ago did this abstinence end?

Intent/Key Points

To record details about the patient's successful attempts at abstaining from the current problem substance. Ask the patient how long he or she was able to remain abstinent from the major drug(s) of abuse (Item D14). Stress that this was the *last* attempt (of at least one month) at abstinence, not necessarily the longest.

Suggested Interviewing Technique

You may need to ask a series of questions to get accurate responses to these items.

For example, for Item D15, you may need to ask:

"Have you ever stopped using _____ for over a month?"

"When was the last time you stopped using _____ for over a month?"

"Did you stay clean on your own, or were you in some sort of controlled environment at the time?"

"How long did that period of abstinence last?"

For Item D16, you should ask:

"How many months ago did this abstinence end?"

Additional Probes

- ☐ Circumstances surrounding the periods of abstinence
- ☐ Circumstances surrounding the end of the abstinence period

Coding Issues

- ***Periods of hospitalization or incarceration are not counted.*** Periods of abstinence during which the patient was taking methadone, Antabuse or naltrexone as an outpatient *are* included.
- If the code for Item D14 was "00—No problem," enter "N" for Items D15 and D16.

- If the code for Item D14 was "15–Alcohol and Drug," then abstinence will refer to *both* alcohol and the major drug(s).
- If the code for Item D14 was "16–Polydrug," then abstinence will refer to *all* abused drugs. Enter "99" if the number of months equals 99 or more.
- If the patient has not been abstinent for 1 month, enter "00" for Item D15 and "N" for Item D16.
- If the period of abstinence is current, enter "00" for Item D16.

Cross-check

- ✓ Drug/Alcohol Use Items D1–12

- D42. Have you used any of the drugs listed above as part of a religious practice or spiritual ceremony?**
- D43. Is this use approved or provided by tribal leaders or a medicine person?**
- D45. Is this use common practice in your traditional ways?**

Intent/Key Points

The intent of these questions is to evaluate the use of psychoactive drugs in any religious, spiritual, or cultural practices and to ascertain if their use is sanctioned by elders in the culture.

Suggested Interviewing Technique

Ask the questions as written.

Additional Probe

- ☐ Are there any other drugs we did not ask about that are used in religious/spiritual practices or cultural ceremonies?

Coding Issue

- A "yes" code on D42 will not affect the coding of the drug and alcohol grid. For example, if a client reports that hallucinogens are used in religious practices, code this use in D11 even though the use is connected to the client's culture.

Cross-check

- ✓ D3 through D12

D44. Have any traditional Native American cultural practices, such as sweat lodges, sun dances, and prayer meetings, been helpful for you in achieving or maintaining abstinence?

Intent/Key Points

To explore the possibility that this client has previously found traditional cultural practices helpful in his or her recovery and to provide access to that type of service

Suggested Interviewing Technique

Ask the question as written, providing examples, but explain that the possibilities are not limited to these examples.

Additional Probe

- ☐ Is there anything else that has been helpful in your recovery in the past?

Cross-check

- ✓ D19–D22: Previous traditional treatment received
- ✓ D36–D41: Previous culturally specific services received

D17. How many times have you had alcohol DTs?

D18. How many times have you overdosed on drugs?

Intent/Key Points

To record information about the consequences of using too much of a substance. If in doubt about a reported OD, ask what was done to the patient to revive him or her. Simply letting the patient sleep it off does not constitute an OD. If the patient describes any incident in which intervention by someone was needed to recover, *do* count this as an OD. The nature of the overdose will differ with the type of drug used. While opiates and barbiturates produce coma-like effects, amphetamine overdoses ("overamps") frequently result in toxic psychoses.

Suggested Interviewing Technique

Ask the questions as written. Follow up with additional questions that will determine how you will code the response.

"Mr. Smith, how many times have you had alcohol DTs?"

"How many times have you overdosed on drugs?"

"Did someone have to help to revive you?"

"Did someone have to calm you down or stay with you for a long time?"

Additional Probes

- ☐ Whether or not the patient was hospitalized
- ☐ Whether or not the OD was intentional

Coding Issues

- **Include** suicide attempts if they were attempted by drug overdose. (Remember this when you get to the Psychiatric section and be sure to check the Medical section to note hospitalization.)
- **Definition of delirium tremens (DTs):** DTs occur 24 to 48 hours after a person's last drink. They consist of tremors (shaking) *and* delirium (severe disorientation). They are often accompanied by a fever. There are sometimes, but not always, hallucinations. True DTs are usually so serious that they require some type of medical care or outside intervention. Impending DTs *as diagnosed by a professional* would also be considered serious enough to count as DTs.

Problems sometimes mistaken for DTs: DTs are not to be confused with "the shakes," which occur about 6 hours after alcohol has been withdrawn and do not include delirium.

Cross-check

- ✓ Medical Status Item M1 (possibly)

How many times in your life have you been treated for:

D19. Alcohol abuse

D20. Drug abuse

How many of these were detox only?

D21. Alcohol

D22. Drug

Intent/Key Points

To record the number of times the patient has received help for drug or alcohol problems. The purpose of Item no. D19 is to determine the extent to which the patient has sought extended rehabilitation versus minimal stabilization or acute crisis care. Therefore, record the number of treatments in no. D19 that were *detoxification only* and did not include any follow-up treatment.

Suggested Interviewing Technique

Ask the questions as written.

"Mr. Smith, how many times in your life have you been treated for alcohol or drug abuse?"

"How many of those treatments involved a detox but no follow-up?"

Additional Probes

- ☐ The names of programs
- ☐ Reasons for leaving programs

Coding Issues

- Count any type of alcohol or drug treatment, including detoxification, halfway houses, inpatient, outpatient counseling, and AA or NA (if three or more sessions) within a 1-month period.
- If the patient was treated for **both** alcohol and drug problems **simultaneously**, count the treatment under **both categories**. Note that the treatment was for both.
- Exclude Driver's School for D.W.I. violations. Ask questions separately for alcohol and drugs. In the case of dual problems, try to get the number of treatments in each category.

- Code as a single episode treatment experiences that occur in different facilities immediately following one another. For example, a patient who spends 2 months in a residential program followed immediately by a 6-month outpatient program has been involved in one treatment episode, *not* two treatment episodes. However, if the patient returns home before being admitted to the outpatient program, the outpatient program should be counted as a separate treatment episode.

Cross-check

- ✓ Drug/Alcohol Use, Items D1–13

How many of these [treatments] provided Native American-specific groups or focus?

D36. Alcohol

D37. Drugs

How many of these [treatments] included Native American treatment providers/counselors?

D38. Alcohol

D39. Drugs

How many of these treatments were provided on reservations?

D40. Alcohol

D41. Drugs

Intent/Key Points

To document the client's treatment experiences that may have taken cultural and spiritual practices into consideration.

Suggested Interviewing Technique

Ask the questions as written, providing examples, but explain that the possibilities are not limited to this list.

Additional Probe

- ☐ Is there anything else that has been helpful in the client's recovery in the past?

Coding Issues

- There must be treatments documented in D19 and D20 for these questions to be applicable.
- The codes in any Item D36, D38, and D40 cannot be greater than the code in D19.
- The codes in any Item D37, D39, and D41 cannot be greater than the code in D20.

Cross-check

- ✓ D19 and D20
- ✓ D42–D45

D23. How much money would you say you spent during the past 30 days on alcohol?

D24. How much money would you say you spent during the past 30 days on drugs?

Intent/Key Points

This is primarily a measure of financial burden, not amount of use. Therefore, *enter only the money spent, not the street value of what was used* (e.g., a dealer who uses but does not buy; a bartender who drinks heavily but does not buy alcohol).

Suggested Interviewing Technique

If you probed sufficiently during the Drug/Alcohol grid, you should have information about the amount of money that the patient spends daily on each substance. By multiplying the daily dollar amount by the number of days the patient says he or she used, you will get a good estimate of the amount of money the patient spent in the last month, without even asking the question. Regardless, ask the question as written. If a patient responds that she cannot possibly estimate the amount of money she spent in the past month, remind her what she told you in the drug grid.

"How much have you spent on alcohol and drugs in the past 30 days?"

"You told me that you spent about \$20 a day on coke . . . and you used coke on 16 days . . . so it sounds as if you spent \$320 on coke."

Sometimes, the patient will argue about the amount of money he spent. He may explain that although he used \$320 worth, he only spent \$200 worth because he knows people who provide him with cheap drugs. **Code only what the patient reports he or she spent on drugs.**

Additional Probe

- ☐ As described above, information that explains differences between the reported amount of money spent and amount of drugs used.

Coding Issues

- Enter "X" only if the patient cannot make a reasonable determination.
- Don't include the dollar amount of drugs for which the patient provided services (sex for drugs, acting as a go-between for drug deals). Just include the amount of cash the patient spent for the drugs.

Cross-check

- ✓ Employment/Support Status Items E12–17

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (include NA, AA)

Intent/Key Points

Treatment refers to any type of outpatient substance abuse therapy. This does not include psychological counseling or other therapy for non-abuse problems.

Suggested Interviewing Technique

Ask the question as written below.

"Mr. Smith, how many days in the past 30 days have you been treated in an outpatient setting or attended self-help groups like AA or NA?"

Additional Probes

- ☐ Names of programs
- ☐ Types of meetings

Coding Issues

- Include methadone maintenance; AA, NA, or CA meetings; and Antabuse, etc.
- Treatment requires personal (or at least telephone) contact with the treatment program. *The fact that the patient was "officially enrolled" in a program does not count if he or she has not attended at least three sessions.*

D99. Optional

This question is not included on the ASI, North Dakota State Adaptation for Use With Native Americans. See the end of this Guide for in-depth instructions on this question, which is addressed in the Clinical/Training Version.

How many days in the past 30 days have you experienced:

D26. Alcohol problems?

D27. Drug problems?

Intent/Key Points

Be sure to stress that you are interested in the number of days the client had problems *directly related* to alcohol or drug use. *Include* craving for alcohol or drugs, withdrawal symptoms, disturbing effects of drug or alcohol intoxication, or wanting to stop and not being able to do so.

Suggested Interviewing Technique

Ask the questions as written, with plenty of examples based on what the patient has already told you. A client's denial of problems may hinder the interviewer's ability to record accurate information. The interviewer should focus the question on symptoms or situations already described by the client as problematic.

For example, a client may say:

"I can handle my alcohol use. My lawyer said that I should get into treatment because it will help my DUI case."

The interviewer might say:

"How many days in the past 30 days have you had problems related to alcohol use . . . such as worrying about your DUI case?"

Another example follows:

"Mr. Smith, how many days in the past 30 days have you experienced alcohol problems . . . such as the fact that you've been getting in trouble at work because of your drinking, or the fact that you have been spending all of your money on alcohol."

Additional Probes

- ☐ Thinking about using (craving)
- ☐ Inability to stop using after starting
- ☐ Consequences of using
- ☐ Experiencing physical withdrawal symptoms

Coding Issue

- ***Do not include*** the client's inability to find drugs or alcohol as a problem.

Cross-check

- ✓ Drug/Alcohol Use Items D28–31. If D28–31=0, then D26 and D27 must also equal 0. One cannot rate nonexistent problems.

DRUG AND ALCOHOL USE PATIENT RATING

How troubled or bothered have you been in the past 30 days by:

D28. Alcohol problems?

D29. Drug problems?

How important to you now is treatment for:

D30. Alcohol problems?

D31. Drug problems?

Intent/Key Points

To record the patient's feelings about how bothersome the previously mentioned drug or alcohol problems have been in the last month, and how interested the patient would be in receiving (additional) treatment. Be sure to have the patient restrict his or her response to those problems counted in Items D26 and D27.

Suggested Interviewing Technique

When asking the patient to rate the problem, provide concrete examples, rather than just using the term "problems." For example, if the patient reports that besides worrying about a DUI case, he has had physical problems from alcohol, such as hangovers, the interviewer should ask Item 28 in the following way:

"Mr. Smith, how troubled or bothered have you been in the past 30 days by alcohol problems such as the hangovers that you mentioned . . . or the worry over your upcoming case?"

Ask Item 30 in the following way:

"Mr. Smith, how important would it be for you to talk to someone about your alcohol problems . . . such as the hangovers that you mentioned . . . or the worry over your upcoming case?"

Cross-check

- ✓ Drug/Alcohol Use Items D28–31. If D28 and D29=0, then D30 and D31 must also equal 0.
- ✓ A client would not usually want treatment for problems that are not bothersome.

DRUG AND ALCOHOL USE INTERVIEWER SEVERITY RATINGS

D32 and D33. How would you rate the patient's need for treatment for drug/alcohol problems?

Remember the two-step derivation method for severity ratings:

Step 1: *Reduce the 10-point scale (0–9) to two or three points, using only the objective items (Items 1–6 in the Medical Status section).*

- 0–1 No problem, treatment not necessary
- 2–3 Slight problem, treatment probably not necessary
- 4–5 Moderate problem, treatment probably necessary
- 6–7 Considerable problem, treatment necessary
- 8–9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the following critical objective items of the section.

Critical Objective Items of the Drug/Alcohol Use Section

Alcohol		Drugs	
Item	Description	Item	Description
D1 and D2, D13	Abuse history	D3–D13	Abuse history
D15 and D16	Abstinence	D15 and D16	Abstinence
D17	DTs	D18	ODs
D19	Lifetime treatment	D20	Lifetime treatment

Step 2: *Factor in the patient's rating. Pick the score on the Patient's Rating Scale that represents the patient's rating.*

For example, if the interviewer's selected three-point range is 4-5-6, and the patient reports that he or she has been *extremely* (rates it a "4") bothered and would be *extremely* (rates it a "4") interested in treatment for drug and alcohol problems, then select the highest point of the three-point range (in this case, a "6") for the severity rating in this section.

The meaning of the "6" severity rating is that treatment is necessary for the section. The severity rating for this section should have no effect on any other sections.

DRUG AND ALCOHOL USE CONFIDENCE RATING

Is the above information significantly distorted by:

D34. Patient's misrepresentation?

D35. Patient's inability to understand?

Intent/Key Points

The judgment of the interviewer is important in deciding the veracity of the patient's statements and his or her ability to understand the nature and intent of the interview. A code of "yes" cannot be the result of a "hunch" on the part of the interviewer. Rather, this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or has already been supplied in the record.

These questions are not to be used as "denial meters." Even when the worker is aware of inconsistencies in the client's responses, this does not automatically mean a "yes" answer will be recorded to these questions. The operant phrase here is *"significantly distorted."* If the entire section is not significantly distorted by a couple of misrepresentations and/or an inability to understand, then you would select a "no" response.

Coding Issue

- Whenever a "yes" response is coded, the interviewer should record a brief explanation in the Comments section.

Cross-check

- ✓ Cross-check items with Confidence Rating in other sections. If too many sections are endorsed, the interviewer may want to terminate the interview.

Note: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted, the interviewer must probe for further information and attempt to reconcile conflicting reports.